

As a below named inventor, I hereby declare that my residence, post office address and citizenship are as stated below next to my name, and I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the **INVENTION ENTITLED**
ELECTRONIC IMAGING SYSTEM

the specification of which (**CHECK** applicable **BOX(ES)**)

-> [] is attached hereto.

X **BOX(ES)** -> [] was filed on _____ as U.S. Application No. 0 / _____
-> [] was filed as PCT International Application No. PCT/ / on _____
-> -> and (if applicable to U.S. or PCT application) was amended on _____

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose all information known to me to be material to patentability as defined in 37 C.F.R. 1.56. I hereby claim foreign priority benefits under 35 U.S.C. 119/365 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate filed by me or my assignee disclosing the subject matter claimed in this application and having a filing date (1) before that of the application on which priority is claimed, or (2) if no priority claimed, before the filing date of this application:

PRIOR FOREIGN APPLICATION(S)	Date first Laid-open or Published	Date Patented or Granted	Priority Claimed	
Number	Country	Day/Month/Year Filed	Yes	No
007831/1997	Japan	20/01/1997		

I hereby claim the benefit under 35 U.S.C. 120/365 of all United States applications listed below and PCT international applications listed above or below and, if this is a continuation-in-part (CIP) application, insofar as the subject matter disclosed and claimed in this application is in addition to that disclosed in such prior applications, I acknowledge the duty to disclose all information known to me to be material to patentability as defined in 37 C.F.R. 1.56 which became available between the filing date of each such prior application and the national or PCT international filing date of this application:

PRIOR U.S. PROVISIONAL, NONPROVISIONAL AND/OR PCT APPLICATION(S)	Status	
Application No. (series code/serial no.)	Day/Month/Year Filed	pending, abandoned, patented

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

And I hereby appoint Cushman Darby & Cushman, L.L.P. 1100 New York Avenue, N.W., Ninth Floor, East Tower Washington, D.C. 20005-3918, telephone number 861-3000 (to whom all communications are to be directed), and the below-named persons (of the same address) individually and collectively my attorneys to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith and with the resulting patent, and I hereby authorize them to act and rely on instructions from and communicate directly with the person/assignee/attorney/firm/organization who/which first sends/sent this case to them and by whom/which I hereby declare that I have consented after full disclosure to be represented unless/until I instruct Cushman, Darby & Cushman in writing to the contrary.

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(FOR ADDITIONAL INVENTORS, check box [] and attach sheet (CDC-116.2) for same information for each re signature, name, date, citizenship, residence and address.)

DECLARATION AND POWER OF ATTORNEY

(continued)

ADDITIONAL INVENTORS:

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5. INVENTOR'S SIGNATURE: _____ Date _____

Inventor's Name (typed) _____

First	Middle Initial	Family Name	Country of Citizenship
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Residence (City) _____	(State/Foreign Country)
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Post Office Address (Include Zip Code) _____
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Inventor's Name (typed) _____

First	Middle Initial	Family Name	Country of Citizenship
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Residence (City) _____	(State/Foreign Country)
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Post Office Address (Include Zip Code) _____
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Inventor's Name (typed) _____

First	Middle Initial	Family Name	Country of Citizenship
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Residence (City) _____	(State/Foreign Country)
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Inventor's Name (typed) _____

First	Middle Initial	Family Name	Country of Citizenship
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Residence (City) _____	(State/Foreign Country)
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Post Office Address (Include Zip Code) _____
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Inventor's Name (typed) _____

First	Middle Initial	Family Name	Country of Citizenship
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Residence (City) _____	(State/Foreign Country)
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Post Office Address (Include Zip Code) _____
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FOR ADDITIONAL INVENTORS, check box and attach sheet with same information and signature and date for each.